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| SENDER: COMPLETE THIS SE Complete items 1, 2, and 3. Als item 4 if Restricted Delivery is one so that we can return the card. Attach this card to the back of or on the front if space permits. NANCY MARTINEZ FRIENDS OF ANNA MARTINEX FOR SOUTH 10TH AVENUE, BEECH GROVE, IN 46107 | so complete desired. n the reverse to you. the mailpiece, | A. Signature X B. Received by (Pr D. Is delivery addres , enter deli | iptod Name) C. Date of | <u>-0'</u> |
| | | e Type rtified Mail Registered Insured Mail | ☐ Express Mail Return Receipt for Mene ☐ C.O.D. | shand |
| 7 | | 4. Restricted Delive | ry? (Extra Fee) | |

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CANDIDATE'S STATEMENT OF ORGANIZATION AND DESIGNATION OF PRINCIPAL COMMITTEE OR EXPLORATORY COMMITTEE

(CFA-1)

State Form 4604 (R11/11-05) Indiana Election Commission (IC 3-9-1-3; IC 3-9-1-4; IC 3-9-1-5)

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK. SEE INSTRUCTIONS ON REVERSE SIDE.

| 1. IS THIS AN AMENDMENT? No Yes If Yes, please enter the file number in this box > 07 - 08 SECTION A. CANDIDATE INFORMATION: Fill in all applicable boxes as fully and accurately as possible. 2. Last Name Middle Name Nickname 3. Type of Committee | BER |
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| | e (Check one) |
| Martingz Mancy Hull Grandidate's Princip. 4. Mailling Address 15. EAX (Optional) 16. Exploratory Commit | |
| 59 S. 1514 Ave | and Com |
| State Zip Code 8. County 9. Telephone (Day) 10. Telephone (Evening) |) |
| REPCINGIONE IN 46107 MATION (317) 752-8298 (317) 783-47 | 7/25- |
| A Democratic Litibertarian Li Republican Dother Clerk Treasurer | ory committee ; |
| SECTION B. COMMITTEE INFORMATION: Fill in all applicable boxes as fully and accurately as possible | |
| 13. Full Name of Committee (Do not appreciate) 11 Check it this is a new name | |
| Friends of Anna Martinez For CLERK TREASURER | |
| 14. Mailing Address | |
| | |
| 17. City State ZIP Code 18. County 19. Telephone 20. Committee Organization | ion Date |
| (MM-DD-YY) | ION DAIL |
| 21. Chairperson's Full Name Designate Candidate as Chairperson Check if this is a new chairperson | |
| Minky And Marting | |
| 22. Mailing Address Check if this is a new address 23. FAX (Optional) 24. E-mail Address (Optional) | |
| 24. E-mail Address (Optional) | |
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